

UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket No. 03500.014806.1																								
		First Named Inventor or Application Identifier Tohru DEN, et al.																								
		Express Mail Label No.																								
APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents.</small>		ADDRESS TO:																								
		Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450																								
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (Submit an original, and a duplicate for fee processing)</p> <p>2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification Total Pages 68</p> <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) Total Sheets 14</p> <p>5. <input checked="" type="checkbox"/> Oath or Declaration Total Pages 1</p> <p>a. <input type="checkbox"/> Newly executed (original or copy)</p> <p>b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 17 completed)</p> <p>i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed Statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</p> <p>6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p>																										
<p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)</p> <p>a. <input type="checkbox"/> Computer Readable Form (CRF)</p> <p>b. Specification Sequence Listing on:</p> <p>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</p> <p>ii. <input type="checkbox"/> paper</p> <p>c. <input type="checkbox"/> Statements verifying identity of above copies</p>																										
ACCOMPANYING APPLICATION PARTS <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">9. <input type="checkbox"/></td> <td>Assignment Papers</td> <td rowspan="2" style="width: 15%; vertical-align: middle; text-align: center;"><input checked="" type="checkbox"/> Power of Attorney</td> </tr> <tr> <td>10. <input type="checkbox"/></td> <td>37 CFR 3.73(b) Statement (when there is an assignee)</td> </tr> <tr> <td>11. <input type="checkbox"/></td> <td>English Translation Document (if applicable)</td> <td rowspan="2" style="vertical-align: middle; text-align: center;"><input type="checkbox"/> Copies of IDS Citations</td> </tr> <tr> <td>12. <input checked="" type="checkbox"/></td> <td>Information Disclosure Statement (IDS)/PTO-1449</td> </tr> <tr> <td>13. <input checked="" type="checkbox"/></td> <td>Preliminary Amendment</td> <td rowspan="3" style="vertical-align: middle; text-align: center;"><input type="checkbox"/> Other: <u>Letter Submitting Substitute Specification (with clean and marked-up verison of specification) and Letter Transmitting Formal Drawing (with one formal drawing sheet)</u></td> </tr> <tr> <td>14. <input checked="" type="checkbox"/></td> <td>Return Receipt Postcard (MPEP 503) (Should be specifically itemized)</td> </tr> <tr> <td>15. <input checked="" type="checkbox"/></td> <td>Claim to Priority (Without Priority Documents)</td> </tr> </table>			9. <input type="checkbox"/>	Assignment Papers	<input checked="" type="checkbox"/> Power of Attorney	10. <input type="checkbox"/>	37 CFR 3.73(b) Statement (when there is an assignee)	11. <input type="checkbox"/>	English Translation Document (if applicable)	<input type="checkbox"/> Copies of IDS Citations	12. <input checked="" type="checkbox"/>	Information Disclosure Statement (IDS)/PTO-1449	13. <input checked="" type="checkbox"/>	Preliminary Amendment	<input type="checkbox"/> Other: <u>Letter Submitting Substitute Specification (with clean and marked-up verison of specification) and Letter Transmitting Formal Drawing (with one formal drawing sheet)</u>	14. <input checked="" type="checkbox"/>	Return Receipt Postcard (MPEP 503) (Should be specifically itemized)	15. <input checked="" type="checkbox"/>	Claim to Priority (Without Priority Documents)							
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<p>17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:</p> <p><input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No. <u>09/665,983</u>, filed <u>September 20, 2000</u> Prior application information: Examiner <u>A. Diamond</u> Group/Art Unit: <u>1753</u></p> <p>For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.</p>																										
<p>18. CORRESPONDENCE ADDRESS</p> <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"><input checked="" type="checkbox"/> Customer Number or Bar Code Label</td> <td style="width: 40%; text-align: center;">05514 (Insert Customer No. or Attach bar code label here)</td> <td style="width: 30%; text-align: center;"><input type="checkbox"/> Correspondence address below</td> </tr> <tr> <td colspan="3" style="height: 20px;"></td> </tr> <tr> <td colspan="3" style="height: 20px;"></td> </tr> <tr> <td colspan="3" style="height: 20px;"></td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>Address</td> <td colspan="2"></td> </tr> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Country</td> <td>Telephone</td> <td>Fax</td> </tr> </table>			<input checked="" type="checkbox"/> Customer Number or Bar Code Label	05514 (Insert Customer No. or Attach bar code label here)	<input type="checkbox"/> Correspondence address below										NAME			Address			City	State	Zip Code	Country	Telephone	Fax
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CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
	TOTAL CLAIMS (37 CFR 1.16(e))	1-20 =	0	X \$ 18.00 =	\$ -0-
	INDEPENDENT CLAIMS (37 CFR 1.16(b))	1-3 =	0	X \$ 84.00 =	\$ -0-
	MULTIPLE DEPENDENT CLAIMS (if applicable) (37 CFR 1.16(d))			\$280.00 =	\$ -0-
				BASIC FEE (37 CFR 1.16(a))	\$750.00
				Total of above Calculations =	\$750.00
	Reduction by 50% for filing by small entity (Note 37 CFR 1.9, 1.27, 1.28).				
				TOTAL =	\$750.00

19. Small entity status

- a. A small entity statement is enclosed
- b. A small entity statement was filed in the prior nonprovisional application and such status is still proper and desired.
- c. Is no longer claimed.

20. A check in the amount of \$ 750.00 to cover the filing fee is enclosed.21. A check in the amount of \$ _____ to cover the recordal fee is enclosed.

22. The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. 06-1205:

- a. Fees required under 37 CFR 1.16.
- b. Fees required under 37 CFR 1.17.
- c. Fees required under 37 CFR 1.18.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

NAME | Damond E. Vadnais - Reg. No. 52,310

SIGNATURE | 

DATE | September 17, 2003